

E-BOOK



CLINICAL TRIAL DATA SHARING AND DISCLOSURE

A close-up photograph of two keys on a white computer keyboard. The keys are metallic and have a blue tint. One key is a standard letter key, and the other is a function key with a plus sign. The keys are slightly out of focus, creating a sense of depth.

Pharmaceutical
Executive

APPLIED
CLINICAL TRIALS

YOUR PEER-REVIEWED GUIDE TO GLOBAL CLINICAL TRIALS MANAGEMENT



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OUR MISSION

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EDITORIAL

Updates to Clinical Trials Transparency

For years, multiple efforts to make the data collected in clinical trials more accessible are ongoing. From ICMJE policies on articles with published results, to US law requiring that all clinical trials conducted in the United States must be registered on ClinicalTrials.gov, with full results also submitted online.

Most recently, the EMA on October 2, 2014 approved its plan for sharing clinical trial data. The new rules apply to data submitted as part of marketing authorization applications after January 1, 2015. Highlights call for clinical data access for third parties, and any articles resulting from secondary data analyses are expected to be submitted to EMA before

publication. Data will be shared only after a decision on a given application is made, which could be up to 18 months. Data will also be available for download, saving, and print “for academic and other non-commercial research purposes.” Data will be available on screen only for all other users, after registration. At a later stage, EMA also plans to make available individual patient data.

The FDA has not released any formalities around data sharing and was recently criticized for not including language around data sharing in its updated informed consent guidance.

Regardless, in the US, biopharma organizations have initiated policies to guide their member organizations.

PhRMA and EFPIA have their joint Principles for Responsible Clinical Trial Data Sharing, which are discussed in this book. BIO released its principles for clinical trial data sharing in March, and TransCelerate BioPharma developed its approach for protecting personal data in Clinical Study Reports that are shared.

As more organizations and governments shape the bars for which transparency looks like, it is imperative to keep up with current thinking. The editors of *Applied Clinical Trials* and *Pharmaceutical Executive* bring you this eBook to provide the latest on clinical trial data sharing. And please visit our website dedicated to this topic at www.applied-clinicaltrials.com/disclosure.

NEWS

Video Interviews

At CBI's Clinical Data and Transparency Congress, which took place the end of January 2014, the editors of *Applied Clinical Trials* sat down with experts from the clinical trials industry to discuss the measures for increasing transparency, in addition to the steps that still need to be taken.

EudraCT: implementations and changes

In this video, Kasim McLain, Senior Clinical Disclosure (FDAAA) Coordinator, GlaxoSmithKline, and Denis Michel, Biometrics and Reporting, Janssen Research and Development, LLC, discuss the differences in scope and timing of the data available from EudraCT versus ClinicalTrials.gov. They also go over the differences in the functionality of the two services from a programming perspective.

McLain and Michel then discuss their expectations for future EudraCT software releases, and give advice to any waiting on making plans for disclosure.

The public face of pharma

Pharma's public relations needs for transparency In this video, Kristie Kuhl, Executive Vice President, Makovsky Public Relations, discusses the role public opinion should play in pharma's discussions on data disclosure. Kuhl delves into some examples of what makes a successful initiative to explain data transparency to the public, while touching on some examples of where data disclosure problems can negatively impact pharma.

Finally, Kuhl weighs in on whether pharma should consider launching a public education campaign in regards to drug development.

Accordia Therapeutics aligns disclosure and transparency along all audiences In this video, Tierney Saccavino, Senior Vice President, Corporate Communications, Acorda Therapeutics, discusses the entwined nature of public perception and investor relations in regards to disclosure, as well as the importance of making sure the message is consistent.

Saccavino also discusses the specifics of which disclosure policies most impact the investor community.

Finally, Saccavino talks about public image campaigns from pharma, and what needs to be included to make that kind of push successful.

Changes in Data Disclosure: 2013 vs. 2014

Lisa Henderson

Dr. Hanns-Georg Leimer discusses the changes in clinical trials data disclosure.

Dr. Hanns-Georg Leimer is the Head of Processes and Systems Coordination, including Clinical Trial Disclosure and Transparency in the Corporate Division Clinical Development, Medicine, and QRPE for Boehringer Ingelheim Pharma. Leimer spoke to the changes in clinical trials data disclosure from 2013 to 2014. His comments are his own views, and not those of Boehringer Ingelheim.

EFPIA/PhRMA principles

Last year, the key element was the publication of the EFPIA PhRMA principles, where the member companies include most of the big and medium sized pharmaceutical companies in the United States and Europe. This was published in July with a commitment to implement it in January 2014. The first, most remarkable, element of those principles was the commitment to share data with researchers, the analyzable raw data (the SAS datasets basically) under certain conditions, and to grow access to clinical study information, at least to the study synopsis.

Principles for Responsible Clinical Trial Data Sharing:

- Data sharing with researchers
- Public access to clinical study information (synopses)
- Sharing results with study participants
- Certifying procedures for sharing clinical trial information
- Reaffirming commitments to publish clinical trial results

EMA

In June 2013, the EMA published its Policy 70 on publi-

cation and access to clinical trial data. With more than 1,000 comments on the policy, the EMA has backdated a final policy that incorporates those comments for mid-March, recently saying it could take longer. The Agency takes the following views and positions:

- Protect and foster public health
- Enable public scrutiny and secondary analysis of clinical trials
- Protect personal data (PPD)
- Respect boundaries of patients' informed consent
- Protect commercially confidential information (CCI)
- Ensure future investment in bio-pharmaceutical R&D
- Address consequences of inappropriate secondary data analyses
- Protect EMA's and EC's decision-making process
- Ensure that transparency is a two-way street

The EMA points out the importance of protection of personal data and respecting boundaries of patient's informed consent. Informed consent is important because there is a limitation to what can be shared in past trials. "The patient gave consent to use the data for a specific purpose—typically for the drug and for the indication—not to any other indication and another drug," said Leimer. He suggests companies examine their current informed consent and modify future consents to allow for responsible sharing of data. In the interim, "We have to respect what we have; we cannot go back to the patients and ask for an extension of that consent," noted Leimer.

The EMA also emphasizes consequences of inappropriate secondary data analysis, observed Leimer. The EMA wants to protect the decision making process, therefore, transparency is a two-way street, "meaning all the standards that apply to the original sponsors of trial—that means prespecified analysis,



Analytics

for medical research

In the clinical trial data you share, the promise of progress.

Knowledge. It powers scientific progress. And that's what you're fueling when you share patient-level clinical trial data with researchers. You're seeding the sharpest minds with insights to propel medical knowledge forward, discover treatments faster and help us all live better.

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specifying the amassers, and disclosing the amassers, and, of course, results disclosure—also applies towards a secondary analysis to the request of data. If they have a negative outcome, they also must publish that, just as a positive outcome they would like to publish.”

EU Clinical Trials Regulation

The European clinical trial regulation will replace the current clinical trial directive, the law under which clinical trials are conducted in Europe. The final version, agreed upon the end of December and likely to pass, has significant emphasis on transparency. The legislation requires a lay summary, and while they have a concept of how they want these summaries shared with the patients, it is an area that requires a lot of homework, according to Leimer, as it is new ground. This requirement is independent of approval status, and after decision-making by EU on the marketing authorization request, the full study report has to be disclosed. As Leimer elaborated, “And that includes approval, or after rejection or withdrawal. That means, typically, when we have a rejection or withdrawal, we try again, we do more trials. But then all our private policy already in this very competitive area becomes public, but if it’s a law, of course we will have to comply with it.”

Summary of clinical trials results to be published in publicly accessible EU database within one year after trial completion

- Includes trials before approval
- Lay summary required
- Full Clinical Study Reports to be published after decision on EU marketing authorization (i.e., approval or rejection) or withdrawal of the marketing authorization application (Full report does not mean all the pages and without redaction)

EudraCT version 9

EudraCT version 9 is similar to ClinicalTrials.gov because it now adds results to the registry. It went live October 2013, and does not allow upload via XML format, but entire trial results can be entered. Version 10, the final version, is planned for June/July 2014. From then on, all mandatory items that are law will become effective, and results will have to be uploaded within 12 months for regular trials and six months for pediatric trials. Starting mid-2015, this also applies to pre- and post-marketing authorization trials. Sponsors also have to report Phase I, but only the Phase II to IV trials results will be publically available in the EU clinical trial database or register.

Operationally important, the EMA is in final review with the NIH of a field-by-field comparison of EudraCT with ClinicalTrials.gov that will be published.

- Final version planned by EMA for June/July 2014
- Summary results to be entered / uploaded within 12 months of last patient out (6 months for pediatric studies)
- Applies to trials pre and post marketing authorization
- Phase II to IV trials will be published in EU Clinical Trial Database

- EMA will publish comparison of EudraCT with ClinicalTrials.gov data fields shortly
- Non-interventional or non-EU trials (except PIP trials) cannot be registered or disclosed in EudraCT

FDA Transparency Initiatives (78 Fed. Reg. 33,421)

- Make available participant-level data from medical product applications to non-FDA researcher to further advance regulatory science
- Commercially confidential information and trade secrets would be excluded from any data release
- Data would be both masked and de-identified
- “Masked data” = data stripped of information that could link them to a specific product or application

Leimer noted one major difference for FDA initiatives relates to masked data, and invited comments to that initiative. It is data stripped of information that could link the data to specific product or application, which is different than taking out personal protected data, which Leimer admitted he couldn’t see how it could be practically accomplished.

AllTrials campaign

AllTrials campaign launched in January 2013, and according to its web site, is an initiative of Bad Science, BMJ, Center for Evidence-based Medicine, Cochrane Collaboration, James Lind Initiative, PLOS, and Sense About Science and is being led in the US by Dartmouth’s Geisel School of Medicine and the Dartmouth Institute for Health Policy & Clinical Practice.

The AllTrials campaign calls for all past and present clinical trials to be registered and their results reported:

- Knowledge that a trial has been conducted, from a clinical trials register
- A brief summary of the trial’s results
- Full details about the trial’s methods and results

AllTrials is not concerned with individual patient data from trials.

Moving forward

Leimer offered sponsors the following advice on those in data disclosure and transparency:

- Prepare for results disclosure in EudraCT V9
- Consistent information EudraCT vs. ClinicalTrials.gov
- Check your patent and publication strategy: Is it compatible with earlier and broader transparency?
- Update and publish transparency policy (if not yet done)
- Register your studies and list them as available for data requests as appropriate
- Prepare studies (data and documents) to address requests
- Revisit your standards and templates for CSRs

Lisa Henderson is the Editor-in-Chief of Applied Clinical Trials, and can be reached by e-mail at lhenderson@advanstar.com.

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How Pharma Shares Data with Researchers

Lisa Henderson

A look at how sponsors offer access to patient-level clinical data requests from researchers.

In back-to-back announcements, Boehringer Ingelheim and Bayer HealthCare announced their pathway to allow access of clinical trial data to qualified researchers.

On May 12, BI released information on its results sharing and transparency policy, which is contained on its web site. BI has four routes of access—clinical study results synopses in ICH E3 summary format; a request site for clinical study reports and related clinical documents via a “Document Sharing Agreement” for scientific purposes only; a link to ClinicalTrials.gov for its ongoing and completed studies; and a link to its patient level study data using an external platform—www.ClinicalStudyDataRequest.com.

On May 13, Bayer announced it would share its anonymized patient-level data from clinical studies, also through ClinicalStudyDataRequest.com. And, similar to BI, Bayer provides information about its trials dating back to 2005 through its Bayer Trial Finder at www.bayerpharma.com, but the request to data mechanism is also ClinicalStudyDataRequest.com.

So what is ClinicalStudyDataRequest.com? According to the Bayer release, it is “a secure internet portal for researchers to request patient-level anonymized clinical trial data provided by sponsor organizations.” ClinicalStudyDataRequest.com is a collaborative system—now with seven pharmaceutical companies—that theoretically can allow researchers access to datasets from Bayer, Boehringer Ingelheim, Novartis, GlaxoSmithKline, Roche, Sanofi, and ViiV Healthcare in related mechanism of action studies for more robust safety and efficacy analysis. The platform itself has built-in secure discussion and workflow capabilities to allow for external review of requests.

ClinicalStudyDataRequest.com has its roots in GSK data policy changes beginning in October 2012,

when the pharma announced its support for BMJs policy-change to only publish scientific papers from companies where there is a commitment to make relevant, anonymized patient-level data available on reasonable request. The company went so far as to affirm “GSK’s ultimate goal is to see a broad system develop where the clinical research community can access data from trials conducted by different organizations.”

By spring 2013, GSK was well on its way past planning and closer to implementing its system for sharing anonymized, patient-level data from clinical trials. The system front-end would reside on the GSK site and was developed by ideaPoint, Inc., provider of partnering and collaboration systems for global enterprises.

According to Scott Shaunessy, CEO of ideaPoint, GSK has been a client since 2009, and received a referral from another internal department about the clinical trial data requests project. And ideaPoint built it. Soon after GSK rolled out its site in April 2013, Roche and ViiV got wind of the platform, which led to talks of a multi-sponsor site, which rolled out formally January 2, 2014. The platform also now includes Boehringer Ingelheim, Sanofi, Novartis, and Bayer and the company is in talks with still more sponsors.

“It’s moving really fast,” Shaunessy told *Applied Clinical Trials*. “If you would’ve told me a year ago that this is what we’d be doing, I’d definitely be surprised.” Shaunessy attributes this industry-unusual speed to adopt directly to executive-level commitments EFPIA and PhRMA member companies have made to its joint principles for data sharing.

ClinicalDataStudyRequest.com features a steering committee of sponsoring pharma companies who have input into site functionality. Shaunessy explained this is evolving the way the system works, and in early July they will be launching the next version.



Clinical Data Disclosure and Transparency

Navigating Patient-Level Data Disclosure, EudraCT and International Registries

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Following the success of the inaugural event, **CBI's Clinical Data Disclosure and Transparency** is back for its second year! As the most comprehensive event of its kind, senior level executives convene to discuss implications of and approaches for data sharing, ensuring compliance with regulations, navigating disclosure requirements and releasing patient-level data. Don't miss the opportunity to ensure your organization is prepared to meet the requirements and pressures of increased disclosure and transparency of clinical trial data.

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COMPANY	REQUEST TYPE	REQUEST REVIEW
* AbbVie	Internal email request	Internal review, with appeal independent external board for final decision
Amgen	Internal email request	Internal review, and “as appropriate” independent external advisor
* ^AstraZeneca	Not posted. “consider requests on a case-by-case basis”	
* ^Bayer	Shared portal www.clinicalstudydatarequest.com	Independent centralized review panel
Biogen Idec	Internal email request (developing a request/approval portal)	Not posted
Boehringer Ingelheim	Shared portal www.clinicalstudydatarequest.com	Independent centralized review panel
* Bristol Myers Squibb	Internal request portal	External scientific review provided by DCRI faculty members
^Celgene	Internal email request	External Scientific Review Board
* Eli Lilly	Shared portal www.clinicalstudydatarequest.com	Independent centralized review panel
EMD Serono	Not posted	External Scientific Review Board
* GlaxoSmithKline	Shared portal www.clinicalstudydatarequest.com	Independent centralized review panel
* ^Janssen Pharma	Internal request portal	External review provided by Yale School of Medicine’s Open Data Access Project (YODA).
Lundbeck	Not posted. “Lundbeck and a third party will be subject to a formal agreement that will address ownership and access to data.”	Specific criteria listed on site
* Merck	Internal email request	Internal review, external review board as needed
* Novartis	Shared portal www.clinicalstudydatarequest.com	Independent centralized review panel
Novo Nordisk	Internal email request	Independent review board, data access granted within a web-based system.
Otsuka	Not yet developed.	Not yet developed.
* ^Pfizer	Internal request portal	Independent review panel
Purdue Pharma	Not posted; PhRMA-certified to following joint principles.	
* Roche	Shared portal www.clinicalstudydatarequest.com	Independent centralized review panel
* ^Sanofi	Shared portal www.clinicalstudydatarequest.com	Independent centralized review panel
Takeda	Not posted; PhRMA-certified to following joint principles.	

Source: *Applied Clinical Trials* compilation of company web site data, June 30, 2014.

*Top 12 Pharma ranked by 2013 market capitalization

^ Companies affiliated with Project DataSphere for oncology data sharing.

Table 1. How sponsors offer access to patient-level clinical data requests from researchers.

Some new features include updated information from data requesters, and even results from requesters. In discussions right now among committee members is the use of a truly neutral third-party review system.

Shaunessy explained its Independent Review Panel is just that, independent. However, it was inherited from the GSK development and Shaunessy explained the sponsors believe, in the interest of transparency, the review process should be turned to a completely different third party. In fact, Shaunessy disclosed, the sponsors have spoken to J&J about potentially joining together in the future. J&J’s Janssen unit uses YODA, Yale University’s Open Data Access Project, as its independent review panel. But the actual request portal is on its web site at <http://www.clinicaltrialstudytransparency.com>.

Therein lies the difference. Shaunessy says the combination request and approval process is key to function. Having more than one external review panel could become problematic and potentially against the goals of ClinicalDataStudyRequest.com. “Our system has a slightly different approach,” he explained.

After the request and approval process of ClinicalDataStudyRequest.com, approved researchers receive access to a secured environment, currently built and maintained by SAS, to requested datasets. They then can run analytics on the once disparate and now commonly loaded data sets in the environment.

Shaunessy sees a clear path for more sponsors to use this request, review, and access system. But he also sees potential to address the Clinical Study Report (CSR) sharing principles, which also requires redaction after requester approval. And he sees potential to use the system in other industries, for example for chemists or automotive safety data sharing.

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Data Sharing Europe vs. US: Legislation vs. Self-Regulation

Lisa Henderson

Richard Bergström and Jeffery Francer discuss global efforts on sharing clinical data at CBI conference.

In July 2013, The European Federation of Pharmaceutical Industries and Associations (EFPIA) and the Pharmaceutical Research and Manufacturers of America (PhRMA) announced a joint, “Principles for Responsible Clinical Trial Data Sharing: Our Commitment to Patients and Researchers.”

The two gentlemen closest to this shared initiative—Richard Bergström, Director General of EFPIA, and Jeffrey Francer, Vice President and Senior Counsel of PhRMA—have been making the rounds in and out of their respective countries to discuss, and at times debate, what global pharmaceutical companies have agreed to as the most appropriate way to share clinical data.

The following information is based on their joint appearance at CBI’s Clinical Trial Data and Transparency conference in early 2014.

By way of perspective, there are significant differences to the evolution of clinical trial data and transparency between the EU and the United States. Those details specific to the EU and the EMA in turn require the EFPIA members to be engaged in more oversight in a regulated data-sharing environment than the United States, whose evolution brings a more self-regulated culture. Those details include the convergence of interest from European parliament, society, and

medical organizations coupled with a scheduled review of the 20-year-old clinical trial legislation in Europe that was geared toward modernizing the system, which was completed at the end of December 2013. Bergström said, “The whole debate on data sharing came at a good time to inject certain standards in that legislation.”

Bergström believes the legislation is balanced to all stakeholders, including pharma. He calls it a regulation for the future and makes it clear that for clinical trials done in Europe certain standards will apply. Among those standards is that case study report (CSR) should be made available to the public after approval of a medicine. Academic researchers must make the study report available one year after completion of the study. Sponsor companies or commercial entities sponsoring a trial have deferred publication until the time of approval of the medicine, which is an acknowledgement that information contained in the CSR is commercially sensitive. However, the regulation makes clear the study report of the future should be written so it can be readily released and not contain the current commercially confidential information (CCI). EMA is currently working on what that CCI will look like, and will be included in its final policy.

Bergström says in regard to the United States that the progressive principles come exactly at the

right time, and offer industry the opportunity to make information available to people, without the FDA or other governmental legislation.

Bergström said, “When EFPIA and PhRMA drafted these principles, we very early came to the realization that we have two different needs. One need is that people have to actually understand why the regulator approved something. They want to read a study report, more than the article in the journal, and that’s one set of needs. Then you have the people that want raw data or individual patient-level data to analyze it and in an analyzable format. So it is against this background, we drafted the principles.”

In regard to the principles development, Francer said, “At the highest levels of our industry, people recognize that there is enormous public health benefits to sharing clinical trial data, but on the other hand, it has to be done in a responsible way.” And by responsible, what the EFPIA and PhRMA stakeholders mean is mitigating three specific risks;

- risks to unintended invasions of patient privacy
- risks to the integrity of regulatory system and regulatory decision making
- risks to incentives for companies that could infringe on the investments they make to develop a new drug—a 10-year proposition, \$1 billion-plus endeavor.

It was with the three responsibilities in mind that the industry made its principles document, with the five agreed upon principles:

- Enhancing Data Sharing with Researchers
- Enhancing Public Access to Clinical Study Information
- Sharing Results with Patients Who Participate in Clinical Trials
- Certifying Procedures for Sharing Clinical Trial Information
- Reaffirming Commitments to Publish Clinical Trial Results

The first commitment that the industry made is to enhance data sharing with the research community, physicians, academic researchers, and to provide what Francer called “the crown jewels of research,” the patient-level data from pivotal trials. “Generally, we are talking about approved products, the anonymized patient level data, protocols, and even complete clinical study reports to this community of people to be able to enhance public health,” explained Francer.

But part of sharing the data jewels is the potential for misuse. “There has to be some protection against ‘junk science,’ and the ability to take extremely large datasets and potentially scare people into not taking medicine that their healthcare professionals think they should be taking and that could improve their health. There are all sorts of case studies out there in the literature—whether it’s fear of vaccines, leading to people not getting vaccinated, and so on. The way we have tried to address this is to make sure that there is a legitimate research project that the data requester would submit and that there would be a scientific review board that includes non-employees of the companies, some measure of independence, to review requests, so that if it’s a legitimate project, the requester would be able to get that type of data.”

Both the EMA and the FDA have put forward proposals to address the risk of patient privacy, and the EMA has a proposal it intends to implement within the year. While the FDA is not on the same timeframe, PhRMA believes there should be detailed discussion of the protection of patient privacy in these proposals. “We have said very clearly that as an industry, if it’s reasonably likely that patients can be re-identified, we are not going to disclose that information,” said Francer.

He continued, “In addition, we have said that the type of information that will be disclosed by our companies and shared by our companies will be consistent with the informed consent that patients have already given, because in many instances, patients have not been told that their information could be given to people other than the regulator.”

To ensure patient privacy and research incentives within companies, the data requesters have to sign a data sharing agreement. In general, they will have to agree not to re-identify or contact patients. As Francer explained, this is a very real risk in the current world with diseases that have small patient communities; with social media and other tools, such as Google, to find those people who blog about their medical conditions, and try to figure out who these people are from their clinical trial data. Requesters also to have to agree not to transfer the data to those not listed in the research proposal.

As far as disclosing information to the public, the European debate has centered on the disclosure of clinical study reports. The issue with CSRs, as Francer pointed out, is they are very long and not easy for lay public to understand. To fulfill that, at a minimum, EFPIA and PhRMA companies will be posting the synopsis section of the CSR online (potentially a 10- to 20-page document) and will supplement the data that’s already reported on ClinicalTrials.gov, and in the future European database.

Another principle that the organizations have agreed to address is for those people who actually participate in clinical trials. The EFPIA and PhRMA are committing to provide a factual summary of clinical trial results written in lay language to trial participants. They will be working with the FDA to find the way to do that properly and will meet the regulators needs of avoiding preapproval promotion of an unapproved drug, but also provide factual information to patients who deserve that information.

Finally, Francer said that industry wanted to reaffirm its commitment to publish significant medical research in these shared principles. “Companies are going to commit and have committed that at a minimum, all Phase III trial results will be submitted to the medical community and some companies are already going beyond that commitment and have pledged to put forward to the medical journals Phase I and II research as well.”

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Why Share Patient-Level Data?

Lisa Henderson

The benefits of consumer education must be considered in the decision to share data.

Jeff Helterbrand is Senior Vice President, Global Head of Biometrics at Roche, which includes statistics, epidemiology, patient reported outcomes, and clinical data management. He is also a member of the Roche product development leadership team and the company's drug safety committee. Helterbrand presented at CBI's Clinical Trial Data and Transparency Congress in Philadelphia, the end of January 2014, on what he called the "optimist's view of increased data sharing" but was actually titled "Why Increased Data Sharing Rewards Science." This article is based on his comments at the conference.

The clinical research industry today applies a high degree of scientific rigor and invests heavily in the necessarily resources, tools, and capabilities to achieve the best quality. This level of scientific rigor has evolved over the past 50 years, and in the long-term, increased data sharing will showcase that applied rigor and the resource investment that goes on with it. It will result in increased trust for the benefit of patients and society, and for the industry.

Transparency alone doesn't result in trust; trust is achieved through honesty and competence. Enhanced data sharing and research transparency will raise the bar for everyone involved in clinical trials research. In this new era, credibility will require applying similar levels of rigor and research capabilities across the broad spectrum, people who generate clinical trial data, other sponsors besides industry, as well as the researchers who take that data and do additional research of it. That will be a big benefit because that's going to enhance confidence in research findings, again to the benefit of patients, society, and industry.

Society will develop more educated consumers of clinical trials research. For people taking a first look at clinical trials results or clinical trials and how they are designed, they may misunderstand what it entails and will label things as being suspicious. As people become educated, not only on the analysis side of the data or what the data says, but also how it's generated, it will foster a greater understanding and ultimately—again—that will increase the confidence in clinical trial research.

Data As a Commodity

There is an abundance of data with easy accessibility, with technology that can transfer large files very quickly and in formats that make it easier to transport back and forth. For example Data.gov in the UK has over 255,000 datasets available that can be accessed, which includes a subset of HealthData.gov. That kind of open data availability is something that can be used for many different reasons.

Data.gov recently looked at some of the uses that have come out of its open data projects. People have been the datasets to collect data on the places where they live, statistics related to crime, education, etc. It helps people make better decisions about where they are going to live and what tradeoffs they are going to make. Also they gave examples of transportation. A lot of data is out there about how long it takes to commute from one place to another, what are the obstacles, where is the roadwork, and based on that, people have been able to make better decisions about how they are going to get from point A to point B. So it

make sense if people are using data to make decisions where they are going to live, how they are going to get from point A to point B, and where they are going to surf, then it makes sense that people are going to have a thirst and desire to have data that's going to be related to their healthcare.

But clinical trials data actually has another step to it, and that is clinical trial data alone does not bring knowledge—a dataset alone will not provide insights. The reason is the scientific rigor that's applied in the study design, the conduct, and the analysis planning, or prospective data analysis planning, for example. Also, the capabilities qualification to effectively analyze and interpret data within this context is what's important to real insight.

Concerns and responses to patient-level data sharing

Concern: patient privacy could be compromised. Response, to significantly reduce this risk, methods to anonymize data have been created and are more widely accepted and used. The government has played a leading role here as well, and some of the different anonymization techniques came out of the genomics revolution. Also, secured data access sites do help protect privacy, because of the risk of merging different datasets together that could re-identify patients.

The long-term benefit is being able to protect patient privacy to more fully leverage the patient's data, to truly achieve their altruistic ambitions, to contribute to improve science and medicine. That currently happens in social websites where people are congregating together, and want to share research information together, to try to help educate on healthcare. People oftentimes, in their role of clinical trials, aren't just thinking about themselves; they really think about how they can contribute to medicine and science, and we should live up to that obligation with them.

Misinterpretation and/or over-interpretation of data. The response is yes, people will do this and they already do today. But in the future, these activities will be more transparent to all and can be reassessed by others who have data access. When someone is going to request data from a sponsor, sponsors are going to be very transparent that this is the person who is requesting the data, and they are going to publish the results. However, having data available quickly, those who are not planning scientific rigor are going to be exposed. What this means is that people who employ less rigor will be exposed and the reputation of those who employ rigor will be strengthened as the public becomes more sophisticated.

Fear of unfounded health scares. The response is yes and this already occurs. As an example, look at some of the vaccines data from a decade ago. There was fabricated data in major publications that led to a big drop in the number of vaccines and it could be argued it led to a lot of needless stress. In the future, these scares should be resolved more quickly as parties with high public credibility and data access will be able to repeat this. A long-term benefit will be rapid resolution, which includes a more data driven and more balanced approached to these evaluations.

Researchers will make mistakes analyzing complex datasets. The response is, there will be mistakes but they will be corrected publicly in transparent ways. Since this will affect credibility, those researchers who do make mistakes will take additional steps and employ additional resources to reduce mistakes.

Researchers will perform meta-analysis to compare medicines and interventions. The response is, yes they will, and they already do today. But the situation will change. First of all, by having access to patient-level data, you can use more powerful statistical methods; secondly, by having more information about underlying context behind how studies were designed, how data is collected, etc., more weight can be put on those more rigorously conducted than those less rigorously conducted. Doing that, further insights are gained to improve decision-making. Better methods used, means the best medicines will win out, which is good for society.

What if other clinical trials sponsors get access to your data? The response is yes they will, and you will get trusted. The key here is both will learn from it and it will benefit patients, society, and drug developers. Helterbrand said, "We certainly learn a lot from the oncology trials that we run at Roche by going back retrospectively and looking in those databases. I think those who know where the relevant data are, and can analyze it and interpret it for best meaning, will benefit more."

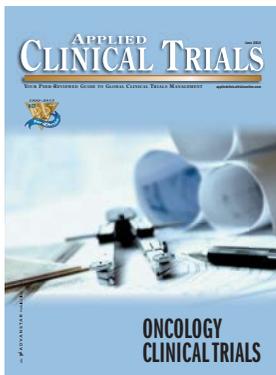
Regulatory pathways could be exploited by others using our data. Regulators are aware of this concern and will take steps to protect incentives for innovation and that is already included in some of the current legislation. One complaint from industry is a desire for a more predictable regulatory framework. If these issues come up and get resolved, it could create a more predictable regulatory framework and that will be beneficial.

Expose inefficiencies within the regulatory approval process. The response is, yes it will. It may distract all involved parties to some degree, but will also reveal strengths including the rigor and resources applied. The regulatory process has evolved in the last 50 years and is stronger than ever. There are inefficiencies, no doubt, but generally it's a very strong process. When the strengths get revealed, there will be greater trust and appreciation for that process, with greater confidence. And on the other side, where issues are exposed, then improvements will be made to address those gaps and help improve regulatory processes.

People may learn something about our medicine that we did not know. The response is, yes, hopefully they will. There have been other statisticians doing some of this research and taking data from other sources and getting insights from them, which is a good thing, not a bad thing. That's why companies in other industries have open data access for sharing because of the insights they get for research and development. There is a real benefit and it could lead to new research directions; repurposing of medicines, new targets; and what we have been doing, lot of our focus is on better clinical trial, design, and conduct.

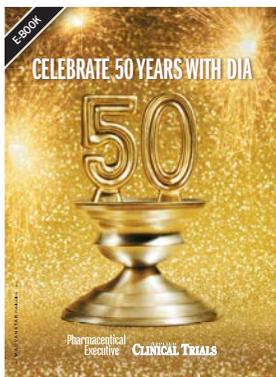
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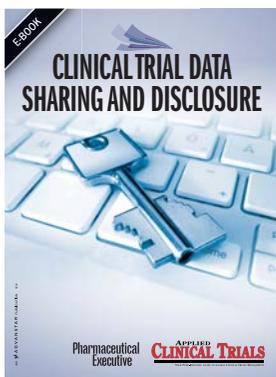
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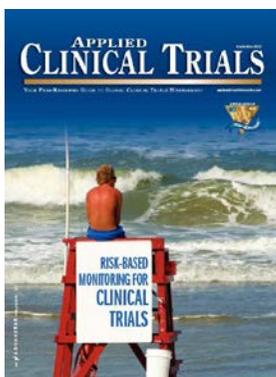
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